THE

BOSTON MEDICAL AND SURGICAL JOURNAL.

NEW SERIES.] THURSDAY, SEPTEMBER 16, 1869. [VOL. IV.—No. 7.

Original Communications.

THE ABUSE OF THE ALIMENTARY CANAL.*

A paper read before the Middlesex South District Medical Society, at Waltham, April 21, 1869, by ALFRED HOSMER, M.D.

THE so-called mal-practice of surgeons is a subject of common talk and no inconsiderable exaggeration. The community is over-persuaded that in surgical practice there is a liability to bad, or at least unsatisfactory results, originating, as is affirmed, in avoidable errors of diagnosis or unjustifiable mistakes in treatment. Given, a tardy or an imperfect recovery from an accidental injury; a patient may, by a suit at law, declare and attempt to enforce his sense of the accountability of his professional attendant. But, notwithstanding the strong convictions which exist in connection with the subject of surgical responsibility, I think it may be safely inferred that the world does not yet fully realize that it is possible for a physician to be guilty of malpractice in the ordinary treatment of disease by drugs, &c.; for hitherto little or nothing has been said upon the subject outside of the profession, and no physician, so far as I know, has yet been sued for damages asserted to have arisen from mal-medication—excepting, of course, those cases in which drugs have been administered with criminal intent of any kind. Between physician and surgeon an unwarrantable distinction has been made, and insisted upon with too much strictness. The man who would censure a surgeon on account of the shortening of a femur, or the stiffening of an elbow after fracture, would hardly assume the same attitude towards an oculist because an ulcer of the cornea had left an opacity; or towards a physician because an acute rheumatism had left valvular disease of the heart, or because a hydrothorax had produced a contraction of the chest. The cases are analogous, and if blame belongs in one case to the surgeon, so does it in the others to the oculist and physician.

The difficulties of judicious medication are no less in degree than those of skilful manipulation; and I see no theoretical reason why the former process is not as likely as the latter one to be mismanaged. Practically, I am convinced that there is as much of bad or wrong medicine as of bad or wrong surgery, and perhaps too much of both.

Our most thoughtful and candid men have of late freely acknowledged that we, as a body, have done those things which we ought not to have done; relieving, in a measure, the mortification and disgrace of such a confession by the extenuating circumstance that our doings have been simply wrong from ignorance, but although often detrimental to patients, not morally bad by reason of any intention of evil. This process of confession ought to be carried a little farther, and applied to the present as well as to the past. We are too ready to neglect the privilege and obvious duty of careful, independent thought, finding it so very easy to adopt and act upon the precepts and practice of our seniors, without challenging their soundness; accepting traditional opinions and usages with an indolent and implicit faith in the authority which transmits them. There yet remains much progress to be made by destruction; by the demolition of ill-founded theories, wrong ideas and mistaken practice. It behooves us to apply ourselves with all diligence to an attempted solution of the many unsettled questions which still encumber medicine. And as to those which are supposed to be settled, even in an absolute sense, they ought occasionally to be subjected to serious and careful re-consideration; they should be tested anew in the stronger light of a more advanced science, that any element of uncertainty may be

* The writer selected the subject of the Abuse of the Alimentary Canal with the intention of discussing it in connection with, 1. Emetics; 2. Cathartics; 3. Injections; 4. Diarrhœa Mixtures; 5. Cough Mixtures or Expectorants. He was interrupted in the preparation of the paper by a long illness, after which accumulated work compelled him to finish it in a hasty and somewhat disconnected manner, and to content himself with a consideration of one division only of the subject.

detected if it exist, or that the highest possible degree of certainty may be assured. Thus only can the indefinite perpetuation of error be avoided.

The question to which I am going to ask your attention is, whether there is not a great deal of unnecessary, and of course improper, abuse of the alimentary canal by physicians. You undoubtedly anticipate an affirmative answer from me, believing, as I do, that there is a vast amount of treatment by medication, approved and adopted by not a bad class of practitioners, which involves and inflicts the abuse alluded to above. I take it that very many physicians would be greatly offended and would vehemently resent the charge, if they were told that a certain proportion of their prescriptions entirely overlooked the importance of the functions of the alimentary canal, and that therefore it must be supposed that they wilfully ignored that importance, or that they either knew or thought nothing at all about the subject. It is hardly necessary to remark that the importance of these functions is derived from the simple fact that the whole process of nutrition depends primarily upon them.

While I believe in the justice of the accusation implied in the foregoing remarks, I do not intend to assert, or even to intimate the revival and prevalence of the heroic practice which was in vogue when the recognized formula was, disease = health + something; which something was to be displaced and got rid of by a process of subtraction and reduction. The desired end was sought to be accomplished by resorting to energetic measures, which, having power, could not fail to produce an effect, more likely to be manifested in a reduction of the strength and reactive power of the patient than in a diminution of the activity and duration of the morbid process. The time of heroic treatment has gone by, and it is to be hoped that the age of medicinal heroes is giving place fully to a generation of medical philosophers, who endeavor to know what the limits of their art, narrow when compared with what some demand of it, have placed entirely beyond their power; and who regard it of the first importance in medical education to obtain a clear and exact knowledge of the natural history of diseases before studying the course and phases which they exhibit in connection with the ordinary processes of treatment.

The Materia Medica, long supposed to be a well-stocked depository of the indispensable weapons and implements of the physician, has hitherto been an object of profound veneration. And as the last traces of idolatry tenaciously resist the influence which, in its early action, has abolished the open, direct and free worship of idols, so far a profession which was once taught to believe, if not the omnipotence, the very great potency of drugs for good, it is hard to accept graciously the conclusions established by modern observation:—viz., that, generally speaking, mere medication is not the most important part of good treatment, and often lacks the innocency of being simply a superfluity. There is a striking and instructive reflection upon the absolute power of medicine in the course ordinarily pursued in critical cases, when the chances of life and death have passed the point of equal balance, and have assumed an unfavorable and dangerous preponderance. Then, no sensible physician claims that the prospects of recovery are to be improved by any system of drugging. He fully admits the unfitness and impropriety of such a plan, when he declares that whatever chance of recovery there may be, must be sought in the patient's constitutional strength, or, in better words, his tenacity of life. And this he earnestly endeavors to reinforce by nutritives and stimulants.

Notwithstanding the advanced point to which medical reform has been carried, there still exists, as a remnant and vestige of old idolatry, a lingering fondness for, and faith in, the use of certain remedies which are well-nigh useless so far as concerns the diseases and symptoms for which they are prescribed. Not only this, but by the derangements, not always obvious at first, which they produce in the digestive organs, they come to interfere with the process of nutrition, and thus produce serious damage. I think there is nothing which will furnish a better illustration of this point than a consideration of the methods and means which have generally been employed in connection with the very common symptom of cough.

That I might deal with facts instead of opinions and conjectures, and that I might be able to make before you a reliable assertion as to the use of a certain class of remedies, against which it is in part the purpose of this paper to urge objections believed to be reasonable, I made the following request of four different apothecaries, two within and two beyond my immediate neighborhood. I asked each one to inform me as to the ingredients of the different cough mixtures which he was in the habit of com-

pounding, in accordance with the prescriptions of regular physicians; and also whether such medicines were purchased in large or small quantities. As a result of the inquiry thus instituted, it appears that squills and ipecac, singly or combined, and often in large proportions, enter into the composition of more than eighty per cent., upwards of four-fifths, of the ordinary mixtures recognized and used as cough medicines. Senega, antimony and sanguinaria are three other ingredients, of doubtful utility, which are found not very rarely.

In the same manner, it also appears that large quantities are sold of these mixtures of which I have enumerated the elements which are of the most importance, so far as concerned my present subject, and to which, for the sake of brevity, I shall allude as expectorants. And that these are used, more or less extensively, not merely with the assent, but by the advice and upon the prescriptions of regular practitioners, is a point too evident, I think, to call for any particular consideration here. But why do physicians resort so freely to the use of expectorants in the treatment of cough and pulmonary affections? It cannot be because any one of them can produce a reasonable, scientific proof and demonstration that the former are, with any tolerable degree of certainty, a remedy of the latter. It is, I suppose, partly because it is in exact conformity with a popular prejudice which is so apt to regard a man's cough as the substance and essence of the disease under which he is laboring, and which imperatively demands something "loosening" for the relief thereof, and to which consequently such style of practice is entirely acceptable; and partly because in lecture days, when they received with a greedy credulity the sayings of their medical instructors, they heard from the chairs of Materia Medica, and Theory and Practice, something about the curative influence which it has assumed, rather than proved, expectorants exerted over pulmonary diseases. The permanence of early impressions is proverbial.

I will cite two instances to show the extent to which men who are ranked as faithful believers in Rational Medicine, may be guilty of a careless, illogical adoption of the ideas of others, and an unthinking reliance upon these ideas as safe rules of action. Expectorants were used in one case on account of a troublesome cough which commenced about the fourteenth day of a typhoid fever; and in the other, were prescribed for the frequent and somewhat difficult respiration which appeared in a child already much reduced by the course of a severe attack of whooping cough. The rapid respiration, in the absence of characteristic râles which soon after appeared, and unequivocally declared a bronchitis, it was thought, might depend upon some nervous condition. In the nature of things, there is no reason why expectorants, as commonly understood, should have any power over an affection known to be typhoidal, or supposed to be nervous, in its origin. I can testify to their inefficiency in fact. Of absurdities so palpable, it would be premature to speak here, and I will only remark that we have here only two, of the very many examples of that old habit of association which inevitably suggests expectorants in the presence of any pulmonary symptoms.

In now passing to a detailed statement of the reasons why expectorants should not be used, as they commonly are, in the treatment of cough, it may make the case clearer to study, first, the pathological significance of the symptom, and secondly, the physiological effects, and, so far as it is well ascertained, the therapeutic action, of the drugs.

Cough is a modified expiratory act, which is either an effort to expel from the air-passages some exudation, effusion or abnormal secretion, or some foreign substance introduced from without; or it is the indication and expression of some cause or condition of irritation, existing within or without the respiratory apparatus, which produces a pulmonary tenesmus, if the phrase may be allowed.

Cough may be produced,

1. By mechanical irritation, as by long uvula, and foreign substances in the air passages.

2. By pseudo-membranous or ulcerative affections of the larynx and trachea; the latter affections depending generally upon tubercle or syphilis.

3. As an almost universal rule, by all inflammations, acute or chronic, primary, consecutive or eruptive, of the respiratory apparatus, commencing with the larynx and including the glottis, and running down through the trachea, bronchial tubes, vesicles, pulmonary parenchyma, and pleura.

4. By those changes which constitute or accompany dilatation of the bronchi, and vesicular emphysema.

5. By various affections of the lung tissue, as tubercle, œdema, cancer, apoplexy, gangrene.

6. By certain paroxysmal affections, as asthma, whooping cough, and spasmodic croup.

7. By sympathy with, or reflection from, morbid conditions outside of the organs of respiration.

8. By hysteria, and some ill-defined conditions of the nervous system.

The foregoing enumeration, though arranged with some care, may seem, like an indictment in court, to involve certain repetitions. It does not claim entire completeness, but is believed to include all the ordinary conditions with which the symptom of cough is likely to be associated.

The U. S. Dispensatory, admitting a definition of a class of expectorant medicines, informs us that they possess also decided emetic and cathartic properties, which are sometimes exhibited by very small doses, while large doses may produce dangerous prostration, or even a fatal gastro-enteritis.

If it be suggested that small doses of ipecac sometimes excite appetite and aid digestion, it must be remembered that the present discussion is not concerning stomachics.

Of the mode in which the alleged therapeutic action of expectorants takes place, we receive no very satisfactory exposition. Under the head of squills, it is said that the drug operates by stimulating the vessels of the lungs, which explanation is somewhat vague, coupled as it is with the statement that this same drug may be used both in cases of deficient and of excessive secretion from the bronchial mucous membrane. This asserted applicability of the same remedy to morbid conditions diametrically opposed to one another, implies a double-acting, discretionary alternative power which is not easily conceived of, and which must be akin to the wonderful discrimination and self-restraint claimed for homœopathic medicines, by virtue of which they refrain from producing an effect whenever their action would be injurious.

As we live in the days of a prevalent expectancy which constantly reminds the physician that he probably commands no power which he can bring to bear with directness and certainty upon disease for the purpose of its immediate eradication, and as frequently suggests to him that he will devote his attention more successfully to the mitigation of troublesome and distressing symptoms; and as cough so often produces a degree of discomfort which demands speedy relief, it is to be feared that in too many instances prescriptions have been thoughtlessly made for the symptoms, in accordance with a long-established custom, and without any careful discrimination as to the pathological condition in which that symptom has originated; and patients have received expectorant treatment when the expectant method would have been better, as being equally efficacious and less injurious. However, every day witnesses the neglect in practical medicine of distinctions much greater than the two letters which make the orthographical difference between expectant and expectorant.

[To be continued.]

"WATERMELON vs. DIARRHŒA."

By H. C. Bickford, M.D., Charlestown, Mass.

The articles in the Journal on "Watermelon vs. Diarrhœa," remind me of a story told me years ago, when I practised in the country. A neighbor of mine said that he had a remedy for dysentery, which never failed to cure when he could get the patient to try it. He said that he once had an attack of dysentery in a bad form. A physician was sent for, and he was put to bed and dosed with all sorts of drugs for nine or ten days, and all without the slightest relief to his sufferings. He said to his wife one evening, as he lay dreading the "ups and downs" of the coming night, "Here I have been for the last ten days, and am no better. I should like one of those seed cucumbers on the vines in the garden." Of course, such a thing could not be thought of for a moment. He got up in his night-shirt, went into the garden, pulled off a cucumber half as long as his arm and as yellow as an orange, devoured it peel and all, went back to bed, slept well all night, got up in the morning perfectly well of the disease, and has remained so ever since.

Reports of Medical Societies.

BOSTON SOCIETY FOR MEDICAL IMPROVEMENT.

CHARLES D. HOMANS, M.D., SECRETARY.

Aug. 9th.—*Exophthalmos resulting from Intercranial Disease; Death; Autopsy.* Dr. Williams reported the case.

"On June 19th, 1869, M., æt. about 20, called on me with a letter from his physician, stating that he had been suffering from bilious and malarial symptoms, and had come to Boston for needed rest from very arduous duties as clerk of a large railroad corporation.

"The symptom for which he sought my

advice, exophthalmos of left eye, was in his physician's judgment already abated.

"Finding no evidence of tumor in the orbit, or cerebral symptoms of any kind; and vision being perfect in this eye and the ophthalmoscope showing a normal fundus—I hoped the protrusion of the globe might have resulted from anæmia occasioned by over-work and fatigue after an attack of 'dumb ague' which he had experienced some weeks previously.

"No apparent benefit seemed to result from rest and change of air, yet his condition remained the same until the 30th of June, at which time vision continued perfect and the fundus of the eye unchanged.

"At his next visit, July 8th, he reported that on the evening of the 5th he was exposed to cold wind and the bright light of fireworks. Some discomfort was felt in and around the left eye, and this morning he first observed great diminution of vision. He sees No. C of Snellen only at 10 feet distance. The ophthalmoscope shows much haziness of outline of disc, with slight hæmorrhagic effusions near macula lutea. Retinal veins very large and tortuous. No pain in or near the eye, or within the head.

"The right eye also showed slight haziness of outline of disc, which subsequently somewhat increased; but he was able, even at the last, to tell the time by a watch with this eye.

"On the 10th, the evidences of compression from within the cranium having increased, and great impairment of hearing in left ear having been superadded to the intra-ocular changes, his friends were informed of the probable existence of an intercranial tumor and a most unfavorable prognosis was given; though at this period no other cerebral symptoms had shown themselves.

"He continued to visit me at my office until the end of July, at which time he had an attack of faintness, as he expressed it, in the street, and I advised him to remain at home to see me in future.

"The eye had now become much protruded from the orbit, and the lids could not be made to close over it. The hæmorrhagic exudations had greatly increased, and it was now difficult to see the fundus on account of loss of transparency in the vitreous.

"He now began to complain of pain in the eye and head, but this was relieved by ¼ grain doses of morph. sulph., which he took from three to five times in twenty-four hours until his decease.

"At times, during the week before his death, which occurred August 8th, his mind wandered, but could be readily recalled by questions, and his intellect then seemed remarkably clear. The day before he died he was twice actively delirious."

The autopsy was made six hours after death by Dr. John Homans, who has furnished the following report:—

"Head only examined. Above each parietal eminence are seen flattened, vascular, malignant looking growths, between the fascia over the muscles and the periosteum of the skull; on the right side the growth is about 2 by 4 inches in extent and a line in depth; on the left side somewhat less extensive. When the periosteum is peeled up very many nodules and points of the disease are found to have penetrated more or less deeply into the skull, and in some places honey-combed looking outgrowths are seen projecting from the bone about a quarter of a line; this appearance is most marked on the left side above the temporal ridge of the frontal bone. The foramina for bloodvessels are larger and much more numerous than usual. On the inner table of the skull on both halves of the frontal bone are continuous bony outgrowths of a pink color, rough, of a honey-combed appearance, resembling the coral called 'brain stone;' the bony partitions of this structure rise to the height of a line and a half, and cover most of the vaulted portion of the frontal and both parietal bones, though less marked on the latter, and are seen over the left orbit and the left wing of the sphenoid bone. The dura mater is covered externally with a velvety, vascular growth, flocculent in water, the flocculi probably having filled the interstices of the coralline-looking growth above mentioned. There is a tumor the size of an English walnut, flattened and of rather soft consistence, behind the left orbit, growing from the dura mater. The left eye is much protruded from its socket, but the globe contains no foreign growth. The internal surface of the dura mater is healthy; the brain substance normal; the convolutions are slightly flattened. The growths on the outer surface of the skull, on the dura mater and the tumor at the base of the left orbit are all composed of small cells or nuclei, and are exactly similar in microscopic structure."

Aug. 9th.—*Acute Tuberculosis in Old Age.* Dr. Cotting reported the case.

A gentlewoman, aged 83 years 11 months, sent for him in middle of June last to open a small abscess under the left ear. There were other glandular swellings connected with this, one of which suppurated and

opened spontaneously a few days later. She appeared weak, and complained of "laziness" which she said had troubled her more or less since a severe hæmorrhage from the nose nearly two years ago. "She needed no medicine," and none was given her. She was about house, though less active than usual.

On the 7th of July, growing weaker, she sent for him again, with regard to some business which she wished to transact in case she was soon to die. She complained of nothing but weakness and a gradual giving out of powers, appetite, &c. She had kept her room for a few days past. There was no cough. Respiration was not unnaturally frequent or short, but the pulse was quick and feeble. She was evidently failing.

Without any marked symptoms other than those described she sank gradually, and died, without the least struggle, July 14th.

Her history was somewhat peculiar. She had had eight brothers and sisters, all of whom died early of consumption. Her father and mother also died of the same disease. At the age of sixteen she was thought to be hopelessly sick with it, and life seemed to be maintained only by constant effort and determined will, until about her 30th year. She was married at 24; and had two children, who lived to middle age—one dying of consumption, the other of rheumatic heart disease. After thirty years of age, she never had a sick day, or any disorder except the epistaxis above alluded to. While her parents and other children were constantly taking medicine and resorting to any nostrum or measures which promised relief, she obstinately refused to take anything, except as much exercise and nourishment as she could possibly bear. To this she attributed her escape from early death. She kept her faith to the end.

An autopsy was made 24 hours after death, by Dr. John Homans, and the following is his report:—

"Body well nourished. Head not examined. Both lungs were thoroughly infiltrated with miliary tubercles, which in some spots had begun to soften. The kidneys were much degenerated, probably from senile atrophy. No Peyer's patches were found on a most careful examination of the small intestines."

In answer to a member, Dr. Homans said that he had recently examined four old persons, in two of whom he had found Peyer's patches, and in two not.

Medical and Surgical Journal.

Boston: Thursday, September 16, 1869.

SULPHURIC ETHER vs. CHLOROFORM.

The Editor of the *Chicago Medical Examiner* has very kindly and promptly complied with our request, and copied the certificate of the Surgeons of the Massachusetts General Hospital, to the effect that there has been no death at that institution, or elsewhere within their cognizance, attributable to the inhalation of sulphuric ether; also, documents from the Boston City Hospital, showing that nothing of the kind has occurred there. He has, besides, given the substance of Dr. Powell's explanation of the erroneous statement published by the reporter of Dr. Powell's remarks on that subject. But, our *confrère* alludes somewhat sarcastically to that alleged sensitiveness of the profession in Boston relative to the ether question, which led them to make haste to deny an aspersion upon the merits of the agent. Well! Let it be said, as people may please, that we are "sensitive" on the one hand; or on the other hand that we are merely awake to the importance of the point. What matters it? In either case we have good grounds for our state of feeling. If sensitive to detraction from the just claims of our favorite anæsthetic, why should we not be so? Was it not in Boston that the pain-annulling property of sulphuric ether was discovered, the stupendous boon of anæsthesia being thus, under Providence, given to mankind? Instead of being loaded with honors because this spot was selected for the inception of this great deliverance, we received in the first instance ridicule, and were treated as credulous dupes. Ridicule having been itself laughed to scorn by the irrefragable logic of facts, we have since been sedulously ignored in many quarters, to such an extent that the general drift of discussion and remark would often well nigh make it appear that Edinburgh, and not Boston, was the birthplace of anæsthesia. Thus far it has proved only a figure of rhetoric which declared that in whatever part of

the world the surgeon's knife should be guided painlessly through the quivering nerves, there the name of Boston would be uttered by thankful lips. While we say this, we fully acknowledge the enterprise which led Dr. (now Sir) J. Y. Simpson to seek out an agent which should be preferable to ether; and profess for ourselves the opinion that in *military* surgery *chloroform* has an advantage over ether in its greater portability, rapidity of action, and consequently, in many cases, its availability.

In some places, everything that can be made to appear to the discredit of ether is promulgated, while as little as possible is acknowledged in its favor. And when a fatal result is erroneously attributed to its inhalation we have reason for sending a speedy denial to pursue the accusation in its echoes through the medical press, because we have experience of an unwillingness to accord us the refutation of such charge. For example, reports of cases have from time to time appeared, in which it was said that death was caused by the inhalation of sulphuric ether. Some years ago, a committee of the Boston Society for Medical Improvement was appointed to report upon these cases. That committee sifted them carefully, gave a detailed account of all the facts they could obtain relative to them, tabulated the cases, and gave it as their deliberate inference that in *no one of the instances* was the death attributable to the ether. Now, M. Giraldès, one of the most eminent surgeons of the present day, in presence of a French medical association, stated (as reported in the *Gazette Hebdomadaire, &c.*) that the committee of the Boston Society for Medical Improvement had acknowledged *four hundred* (400) cases of death from the agent in question. Subsequently, the number 400 was corrected to the real total of cases *investigated* by the committee—viz., forty-one (41). But, the erroneous statement—as far from the truth as a positive can ever be from a negative—that the deaths were acknowledged to be attributable to the ether, when they were expressly declared *not* to be so, has never been corrected by M. Giraldès. It was in vain that we pointed out to that gentleman that we did not question his right to draw for himself a different inference from the committee as to the bearings of the cases, and that all we asked was, that he should see and say what *their* inference was—that he should not persist in asserting that they said "yes" when they in reality said "no." To this day the declaration of M. Giraldès stands before the French medical public that the committee of the Boston Society for Medical Improvement acknowledged forty-one (41) cases of death from sulphuric ether, and for his sole reply (*"pour toute reponse"*) points us to the table in the report, which report declares as plainly as language can put it that in no one of the cases was the death attributable to the ether. We have sent copies of this JOURNAL containing our appeals to his sense of justice to M. Giraldès, and to the Journal in which his charges and his controversy with us have appeared.

Let it not be supposed that the champions here of sulphuric ether as an anæsthetic have thrown down the glove, as ready to defend it against all comers, simply because it is a "Boston notion." When chloroform was first placed before us, we tried it freely, both pure and combined with ether. We hailed it joyfully as being pleasanter and more rapid in its effects than the first-known anæsthetic. It was not until it was found wanting in safety that we declared against it. *Tuto, cito et jucunde* are the classical adverbs which must qualify the action of a first-class remedial agent. The one essential qualification, safety, we claim that ether possesses. When an agent shall be found to equal it in this respect, and excel it in rapidity and pleasantness of action, we are ready to adopt it. It will be forever enough for us that the first anæsthetic was used in Boston—that anæsthesia was discovered here.

But, with regard to chloroform we must carry the war into Africa. It is not sufficient that we abstain from its use ourselves. We protest against its employment in civil practice everywhere, when ether is obtainable. Each year adds its list of victims to chloroform, till now they are counted by hecatombs. No skill of operator, no

apparatus can avert the danger of its use. It avails not that the subtle vapor has been prepared by Duncan and Flockhart under Simpson's direction; it matters not that the subjects of its administration have been picked for the purpose, or that they have repeatedly taken it previously, without an untoward symptom; the predestined are known only to their Maker—they falter, and they are dead. We say to the devotees of chloroform in this country and abroad, how many more hundreds of human lives will you sacrifice to your prejudices, before you will be convinced, and seek safety where you know it may be found? To use chloroform when there is time and opportunity to employ ether, as is for the most part the case in civil practice, we hold to be morally wrong. If it were ever advisable to appeal to the public to interfere in professional matters, it would be in such a case as this, where human life is without necessity constantly jeopardized, and often destroyed.

One word more—that animals may be destroyed by being made to inhale sulphuric ether has been amply demonstrated by experiment. And that the human subject may perish from the careless administration of it we have no doubt. We only wonder that, in point of fact, lives have not been lost in this way. We have, however, yet to learn that etherization prudently induced is dangerous.

PAU AS A HEALTH-RESORT.—We are indebted to the interposition of Dr. H. I. Bowditch for the following letter descriptive of Pau as a health-resort. It was written in compliance with Dr. B.'s solicitation, and we rejoice to present such an account from a professional gentleman so thoroughly reliable. Dr. Bowditch, in a private note to us, after saying that Dr. Whipple has given many details that invalids and their friends may like to know, expresses his gratification that Dr. W. intends to take up his residence at Pau, and adds that the latter is himself evidence of the benefit to be derived from the air and exercise one can get in that place. We fully coincide with Dr. B. when he says it will be of great importance for us American physicians to have there such a one as Dr. Whipple, to whom we can refer our patients with perfect confidence.

H. I. BOWDITCH, M.D.

My Dear Sir:—It gives me great pleasure to comply with your request to give you some idea of what one may expect to find at Pau. In the three seasons that I have spent there, I have seen the best and the worst of its climate, and have become somewhat familiar with the place and its belongings. The season of '66–7 was the average season—that of '67–8 the coldest known for 36 years, and that of '68–9 one of the finest for a long time, being for the most part exceptionally bright and warm.

Perhaps when I say that Pau is in the extreme south of France, and the chef-lieu of the department of the Lower Pyrenees, you will think the information superfluous. I have, however, received many a letter directed "Pau, Spain," and I must confess that I had rather an indefinite idea of the exact whereabouts of the place, before I went there.

The place is accessible from all points by rail—seventeen hours from Paris and twenty-two from Marseilles. Both these journeys are easily broken into short stages, if desirable, with resting-places of the highest interest to the traveller.

The town contains about 20,000 inhabitants, and each season brings between 2,000 and 3,000 visitors. Its situation is as beautiful as that of any town I have seen. The Pyrenees, the higher peaks of which are from 20 to 30 miles distant, extend around the city on the southerly side from east to northwest, forming as it were a kind of amphitheatre. The city itself is built chiefly on a little bluff overlooking the river—the Gaer of Pau—and its beautiful valley which lies between it and the mountains. Looking across the river and valley, the eye follows the côteaux, rising one over another, covered with all kinds of vegetation, from the vine to the spruce, until at last it rests upon the snow-capped Pyrenees, many of whose peaks rival the Alps even in height and rugged grandeur. Behind the town for two or three miles extend large level plains, the Landes, now largely broken up and cultivated. Aside from its situation, the city is not without external attractions, though the old part is somewhat dingy from six or seven centuries of wear and tear. The park—part of the hunting grounds of Henri IV.—the Place Royale and the Castle Terrace are beautiful at all seasons, and the promenades in the

immediate vicinity of the town are numerous and pleasant.

The place has been for thirty years much frequented by English, and later by our own countrymen, and the Anglo-Saxon race is famous for carrying along with it its customary comforts and for establishing a regular source of supply when it becomes stationary. So in Pau, besides comfortable, well-furnished apartments and hotels, and *maisons garnies* second to none in Europe, are excellent markets and good grocers provided with English and American articles, obtainable almost nowhere else on the continent except in Paris. Good servants and particularly good cooks are to be had for moderate wages, and very fair horses and excellent carriages at extremely moderate rates; though if any one is ambitious of great excellence or elegance in his mount or equipage, he must import them. The expense of living at Pau need not be great. Viewed after our extravagant American standard it is a very cheap place. I should say one might live in perfect comfort on two-thirds what it would cost to live in a corresponding style at Paris.

There are three English and one Scotch Presbyterian churches, all organized within several years. There is a comfortable English Club in a commodious club-house (built 1869), with good restaurant, an excellent and quite extensive library, and a large file of newspapers of all nations. This is easy of access to all visitors. There is a very pretty new theatre, where there are through the season dramatic and operatic performances, though it must be confessed that they are less famous than those at the Comédie Française and the Grand Opéra.

Pau is freer from the appearance of a place of resort for invalids than any I know, when there are so many who really seek it for sanitary reasons. The attractions of the place for the general visitor are so numerous that the proportion of invalids is largely reduced, and the place itself is so cheerful in its aspect and so much that is gay and lively is going on throughout the season, that one soon forgets the pale and sickly look of the poor fellow he has just passed.

The rides and drives about the city are of almost endless variety. The celebrated watering-places of the Pyrenees, as Luchon Bigorre, Eaux-bonnes, Eaux-chaudes and Cauterets, are within from half a day to two days' drive, and are pleasant excursions, even in the winter; for it is very seldom that the roads are blocked for more than a few days, except on the high passes. Biarritz is only three hours off by rail, and is every year becoming more and more frequented by winter visitors. The accessibility of all these places renders Pau a convenient place for those who intend to remain several years in a southerly climate; since one can have the advantage of sea or mountain air during the hot season, as may best suit him, and that without the fatigue and annoyance of a long journey. But besides these long drives there is a great variety of promenades of from one to three or four hours, which are as attractive as any I know in the world.

There is an excellent pack of fox-hounds, kept by subscription, which hunts three days a week. Even though one should not be strong enough or too little accomplished in horsemanship to follow the hounds, yet they are certainly a great attraction to the place. Though every one does not care to risk his neck or limbs across the country, yet one may enjoy riding or driving to a meet of the hounds, and seeing them throw off. Cricket and golf go on briskly on the plain of Billères, and some enterprising yankee will undoubtedly soon found a base-ball club.

All these details I think you will recognize as having an important bearing on the character of Pau as a place of sanitary resort. The fact that so many of these advantages are lacking in places certainly recommendable for their climate, often renders useless, I think, a residence in such places. Though the sun may be bright and the air warm and the situation pleasant, yet the patient will often fail to derive the fullest benefit from them if there are gloomy influences about him, or if he has to go home from his walk or ride to find a poor dinner and a bad bed. The comforts for the *morale* as well as for the *physique* must be looked after.

Now for what many will regard as the most important point of all—the climate of Pau. If we take the word of some who have written about it, it is the climate we may expect to find in Paradise. If we listen to some one who has spent a rainy week there only, looking in vain from the Castle Terrace or the Place Royale for the white peaks of the mountains which he is told lie just over the river, and seeing Pau only from its muddy streets or his hotel window, we shall wonder that any one ever left the shadow of the State House to encounter the wretched climate and dull stupidity of Pau. *Medio tutissimus ibis.* One will have to go farther than Pau to find a perfect climate, and one might go very far,

too, and find no better. During the season of 1866–7 there were but seven days of what any one could call cold weather. About the middle of January came a fall of snow, perhaps six inches—very unusual for Pau—and for nearly a week the ground was slightly frozen every night. That was all the winter we had. The rest of the season, even invalids scarcely had need of a top-coat.

The season of 1867–68 was a very rare one, the coldest since 1831, and the suffering among the poorer class of natives, who have almost no provision for artificial heat in their houses, was extreme. The mercury fell one night as low as 19° (Fahrenheit), and several nights at intervals during the winter as low as 25°. But this did not seem very rigorous to one accustomed to an American winter, especially as the weather was brighter than usual, and, as usual, there was no wind.

From October, 1868, to the end of February, 1869, the temperature was like that of our best New England October weather, and the sun was obscured for scarcely a single day. Then came three weeks of rain, with frequent snow-squalls, which made everybody forget the fine weather just passed.

There is always a good deal of rain; but, in spite of it, the place is not damp. The situation of the town and the nature of the soil is such that the water very soon leaves the surface, and there is nowhere about the town any standing water. I used to find that my tobacco, left open in a room where the sun never shone, got so dry at the end of a few days that I could not smoke it. Even when it does rain, it is rare that an invalid, properly protected, cannot keep out of doors; for the air is almost invariably milder during a fall of rain than on the bright days. When the sun does shine, the brightness of the day makes one forget that he has ever seen any other weather. There is an indescribable charm in a sunny winter day at Pau which I have never seen equalled elsewhere.

About the city there is ordinarily almost no wind, and it is extremely rare—not more than three or four times in a season—that the wind is strong enough to be disagreeable to the most sensitive throat or lungs.

Those who are forced to seek a warm climate—especially if they have been accustomed to the changes of a New England winter and spring—are apt to expect of the climate to which they are sent all that is wanting in that they have left, and often fail to derive the fullest advantage from the change by refusing to see that in all climates certain precautions are necessary, and that none are without disadvantages. So I have often heard it said, "Pau is subject to as sudden and as great changes of temperature as Boston." Hardly as sudden, and certainly by no means as great. Yet there are sudden changes, which will certainly prove detrimental if ignored. For instance, on a bright day there is a very perceptible difference between the sunny and the shady sides of the street. There is always a great change of temperature just at sunset. For half an hour before and as long after sunset, the strongest peasant will wrap himself in his frieze cloak, which he always has at hand. Later in the evening the peculiar chill of the sunset hour vanishes entirely. But these are changes which can be guarded against, and that most easily. I have been often surprised to find a most singular and unaccountable obstinacy against taking proper precautions, because, as I have heard remarked, "if I have got to take precautions, I might just as well have staid at home." I have never seen a sudden change of temperature in Pau which could not be perfectly easily remedied by buttoning or unbuttoning a moderately thick coat. And here I may mention something worthy to be borne in mind. Such clothing should be worn as can be easily adjusted to suit these changes.

As I have already said, there is a great deal of rain at Pau, and if one is opposed to carrying an umbrella, or to wearing thick boots, let him keep away from the neighborhood of the Pyrenees. But fortified with these there are few days when one can not keep out very comfortably. There are days when the air seems rather chilly and cold, and one is very apt to complain of this until he remembers that the brightness of the preceding day may make the contrast more striking, and, on consulting the thermometer, he finds to his surprise that it indicates a degree of cold which would not trouble him if he had not expected something more nearly approaching perfection in a place of sanitary resort.

The season for Pau is from October until May or June. Strangers ought not to go much earlier than October, and it is hardly ever safe to leave before May. Many lose the whole advantage gained during the winter by going north before the warm season is sufficiently advanced. Not only do they lose the benefit of their winter visit, but they lose the most beautiful season for Pau and its most charming environs. A few hot days often come in April and May,

but one can easily escape for the time, if desirable, to the mountains or to Biarritz—though I have never seen anything like an intolerable degree of heat before June, and the nights, even in midsummer, are invariably fresh and cool.

In what I have rather hastily written of Pau and its belongings, I have endeavored to avoid giving my own opinions of its fitness for a residence for invalids, particularly for those suffering from pulmonary disease, who constitute a large majority of the patients who frequent it. I have tried rather to give a general idea of what one may expect to find there.

I think these recommendations may certainly be claimed for it, viz.:—accessibility by easy conveyance, a large degree of general comfort, healthy diversion and cheerful surroundings for well or ill, and a climate sufficiently mild to admit of out-of-door life to a great degree. These are not very frequently united in one place. If one has already found a climate which suits well his individual case, I would certainly not advise him to change it for that of Pau; nor to go there at all if he is prejudiced against the place. In such case he would probably only see the disadvantages of the place—which are not lacking—and would certainly fail to derive the expected advantage from his residence there. I am firmly of the belief that climate, aside from other influences, will prove ineffectual in arresting and curing disease.

Very truly and respectfully yours,

JEREMIAH WHIPPLE.

Nahant, Aug. 26, 1869.

REPLY OF DR. TREADWELL TO THE REJOINDER OF DR. BEACH. *Mr. Editor*,—I wish to say just a word in reply to the "rejoinder" of Dr. Beach, which appears in the Journal of August 26th, to show that the quotations contained in my letter which he reviews were accurate, and that the general meaning of the context was not misconstrued. After that I shall have nothing more to say upon the subject in question; as such a controversy can be neither edifying nor interesting to your readers, who of course have already formed their opinions of the nature of the case reported by Dr. Reynolds, uninfluenced by anything which has been written upon the subject.

Dr. Beach first notices what he designates "Proposition 6" of my letter, and which is as follows:—

"That Trousseau gives two cases in which the suppression of the menstrual function"—*function*, and not *fluid*, being the word which I used—"was intimately connected with, and seems to have stood in a causative relation to the development of the disease in question."

To this Dr. B. replies:—"The fact that the uterine lesion *seemed* to stand in a causative relation does not prove that it did, although it might have co-existed with the other symptoms. Trousseau does report such cases, but in none of them does he state positively and without reservation that it was a cause."

That Trousseau does not make any positive statement in this regard I do not deny; but in view of the facts in the cases, which all tend to the support of the opinion expressed in my letter, and in the absence of any statement at all to the contrary, taken in connection with what he says further on in his lecture—to which I shall presently refer—I contend that the fair inference is, that he does regard the suppression of the menstrual function as playing an important part, to say the least, in the production of the disease in these two cases.

Under the title of "Proposition 7," Dr. B. next considers the following statement contained in my letter:—

"The same author"—Trousseau—"relates another case in which suppression of the menses was the exciting cause of this disease"—and says:—"It is not stated by Trousseau, in the description of this case, that suppression of the menses was a cause."

I did not say that he does so state. Whether I formed a correct opinion in considering suppression of the menses the exciting cause of the disease in this case may be judged from the following quotations in relation to it:—

"All the relapses of Mrs. B. had been preceded by a diminution or complete suppression of the catamenia." * * * "In 1859, in the month of June, she had another relapse, or rather a fresh paroxysm, preceded by suppression of the menses."*

Notice that the narrator of the case is particular to specify that all of the relapses, or fresh paroxysms, were preceded by suppression of the menses. And more than all, there is the strongest evidence in support of my assertion, that suppression of the menses was the exciting cause of the disease in this case, in the fact that the treatment adopted was directed especially to the pathological condition of the uterine

* Lecture on Clinical Medicine. A. Trousseau. Trans. New Syd. Soc., p. 589.

functions, and was in every instance perfectly successful.

Dr. B. then refers to my quotation of this same case, and says :—

"The case is cited by Trousseau to illustrate the value of hydropathy in the treatment of exophthalmic goitre, and speaks of it in connection with bleeding and digitalis, but not to direct especial attention to a pathological condition of the uterus as being a cause, although they coëxisted."

The fact that the treatment adopted in this case was directed especially to the uterus is sufficient evidence that the pathological condition of the functions of that organ was regarded as the exciting cause (to say no more) of the disease. The facts in the case are none the less facts, whether related in connection with the treatment of the disease, or spoken of in the details of its pathology.

To avoid unnecessary words, I rather abridged my second quotation, which in full is as follows :—

"I should, perhaps, dwell more upon the necessity of re-establishing menstruation. This is certainly an important therapeutic indication, but in order that it should succeed, one must wait until an hæmorrhagic tendency shows itself in the uterus. It would be bad medicine to try anyhow and at all times to bring back menstruation. One should know how to wait, and to act only when nature seems to indicate it."*

My simple statement, deduced from the above, was as follows :—"Trousseau dwells upon the necessity of re-establishing menstruation," considering it "an important therapeutic indication."

Dr. B. replies :—"He does, but with other therapeutic agents and the following prefix"—here quotes from Trousseau.

I cannot see that Dr. B.'s remarks or quotation have any relevancy whatever to my quotation; much less do they weaken its evidence upon the point to sustain which I employed it. It is not to be supposed that in any case would this one therapeutic indication be followed to the exclusion of all others, were others present. My object was simply to show that Trousseau considered disordered menstruation an important agent in the production of Graves's disease in some cases, and this I think may be legitimately inferred from the above quotation, particularly when taken in connection with others to which I shall presently refer.

In regard to "quotations 3 and 4," Dr. B. says :—

"These statements do not contradict the conclusion of Trousseau when he classifies amenorrhœa and disturbed menstruation among the *symptoms* of Graves's disease."

Trousseau *does not* say that "amenorrhœa and disturbed menstruation" are nothing more than symptoms of Graves's disease; on the contrary, his lecture upon the disease in question contains ample evidence that he regarded them as having a share, at least, in the production of many cases of it. In support of this assertion I adduce the quotations already made, together with others which I shall presently cite.

In reply to the point made by Dr. B., that no cases have been reported of uterine disease having been found in persons dying of Graves's disease, and therefore that it does not occur as a cause of the same, I answer that uterine lesions may have existed and been overlooked. Again, uterine lesions are so common that although they may have existed and been noticed, they may have been thought to have had no bearing upon the disease in question. Then, again, pathological conditions of the uterus or the uterine system of nerves, which would be impossible of recognition after death, may have existed in some cases.

The recognition of Graves's disease as a true and distinct morbid entity—if such it really is, for the best authorities are disposed to regard it as merely a combination of certain symptoms, more or less in number in different cases, dependent upon some functional or structural disturbance of certain parts of the nervous system—is of too recent a date to preclude the possibility of additional light being thrown upon its pathology and the discovery of exciting causes and symptoms not heretofore noticed. The time has been when in the autopsies of persons dying of Addison's disease, the diseased supra-renal capsules were either passed unnoticed, or if noticed their significance was not understood. In the same way I need not refer to Bright's disease, leucocythæmia and other affections, which until within a few years remained unrecognized as distinct and specific diseases, and to the symptomatology and pathology of which additions of knowledge are constantly being made.

In regard to Dr. B.'s formidable array of works on the diseases of women which do not mention Graves's disease in connection with pathological conditions of the uterus or its functions, I simply refer to remarks above, believing them sufficient to rebut evidence so negative in character.

If anything more is required I refer to

* Lectures on Clinical Medicine. A. Trousseau, Trans. New Syd. Soc., p. 500.

the cases reported by Trousseau, and to the case reported by Dr. Reynolds; the direct and positive testimony obtained from one such case being of more weight than all the indirect and negative evidence which can be brought against it.

I wish here to remark that palpitation of the heart which is so common in cases of uterine disturbance, seems to be brought about in such cases in precisely the way and by the same causes which produce it in Graves's disease; and other conditions being favorable to such a course, it does not seem improbable that the uterine irritation which produces palpitation of the heart in such a case, might not in the end excite all the other symptoms which combined constitute Graves's disease.

As affording some evidence in support of this view, I make the following quotations from Trousseau, who in speaking of the relative time of the appearance of the respective symptoms in cases of Graves's disease, says:—

"Palpitation first attracts attention."*

And again:—"The patients complain of palpitation long before the exophthalmos and goitre have attracted their notice, or that of their friends."† And still again, in alluding to the non-recognition of the disease formerly, he speaks of palpitation, mental disturbance and other premonitory symptoms, as long supposed to be due to "anæmia or chlorosis, or to painful or irregular menstruation;" and then goes on to detail the succession of the later and more prominent symptoms, goitre and exophthalmos, thus showing that uterine symptoms are among the very earliest indications of the existence of the disease in a certain number of cases.‡

Once admit that Graves's disease is one of the neuroses, and it must necessarily be conceded that it may be produced by uterine irritation. This being the case, there can be no question as to the relation of the uterine disease to the other symptoms in Dr. Reynolds's case.

That uterine disturbance may be an exciting cause of Graves's disease Trousseau virtually admits; but Dr. B. denies.

To support this assertion in regard to Trousseau I make the following additional quotations:—

"Most of the women who have Graves's disease suffer from amenorrhœa also. In the beginning menstruation is only disturbed, but it is after a time completely suppressed, *and hopes of a favorable issue are not to be entertained until this function is perfectly re-established.* This is an important prognostic sign."*

Surely if suppressed menstruation in such cases were only a symptom, it must be a very important one. But the above, when taken in connection with what he says in regard to the treatment of these cases, can leave no doubt as to his belief that pathological conditions of the uterine system are not without their share in the production of this disease in some cases.

"Perhaps when these paroxysms come to be better known, they will be found to have a certain relation to the hæmorrhagic molimen which takes place in the uterus every month; and if, on the one hand, it should be noted that in several cases amenorrhœa existed in the beginning, and, on the other hand, it be found that the symptoms abate, and the general disease improves, from the time that menstruation is re-established, or when the woman becomes pregnant, the practitioner will perhaps be able to deduce previous indications for treatment from these relations or those fortunate coincidences."†

Here he speaks explicitly upon the very point in question. Again, he says:—"The disease, in females, is occasionally brought to an end by the establishment of the menstrual flow, or by the supervention of pregnancy."‡

If the disappearance of uterine disturbance be all that is necessary to end the disease, why may not its accession be sufficient to produce it?

In commenting upon the case of a lady of 25, the subject of this disease, the same author says:—"Amenorrhœa had perhaps a large share in the production of the disease."§

He also details another case of long duration, in which diminished and finally suppressed menstruation was the very first and for some time the only deviation from health. During the course of this case, whenever the menses re-appeared the general symptoms underwent a certain degree of amelioration, although in the latter part of the report of the case the statements upon this point are not so full and explicit as could be wished; but as to the condition of the uterine functions previous to and at its commencement, there can be no question.‖

Very respectfully,

J. B. Treadwell.

* Lectures on Clinical Medicine. A. Trousseau. Trans. New Syd. Soc., p. 551.
† Op. cit., p. 546.
‡ Op. cit., p. 555.
* Lectures on Clinical Medicine. A. Trousseau. Trans. New Syd. Soc., p. 550.
† Op. cit., p. 565.
‡ Op. cit.
§ Op. cit., p. 564.
‖ Op. cit., p. 567.

"So much has been said, and so well said," on both sides of the subject treated of by Dr. Treadwell and others, that the moderator's gavel falls, and the debate is now closed.—Ed.

Interstitial Cauterization.—The *Gazette des Hôpitaux* of July 24 contains an account of the trials which M. Richet has been making during the last year of what he calls "interstitial injection of caustic substances." The caustic employed is the chloride of zinc, but, instead of using it in the solid form, M. Richet employs it after it has become liquefied by exposure to the air. Being very hygrometric, it is soon converted into a liquid of a syrupy consistence. The form of tumor which has been most frequently experimented upon is the sebaceous cyst of the scalp, which the French call *loupe*. It is possessed of little vitality and power of reaction, and it suffices to inject into its substance, by means of a Pravaz syringe, from one to four or five drops of the liquefied chloride. When the *loupe* is a true lipoma, consisting of nothing but fatty tissue, a few days after the injection its contents may be pressed out by the small aperture in the skin which is left by the little superficial eschar produced at the point of puncture. It has frequently happened that a single drop of the caustic thus injected has sufficed for the removal in this way of tumors of considerable size. In a case in which the *loupe* was formed by the transformation of some blood which had been effused as a consequence of a fall, enucleation could not be practised after the injection, and the knife had to be employed. The tumor, however, consisted of several firm, semi-transparent, fibrous-looking layers, in nowise resembling a lipoma; and this is the only instance of failure in twelve months, during which M. Richet has so treated a considerable number of *loupes*.

A week or two since, M. Richet tried this injection on an enormous goitre, making several punctures along the median line. There resulted mortification of the skin over an extent of about three centimetres, also sharp inflammation, with induration, and perhaps more or less gangrene of the median lobe of the thyroid gland. It is remarkable that the two lateral lobes diminished rapidly, and became more supple during this inflammation of the median lobe. The injections have been too recently made to allow of the eventual result yet being determined; but it will be a great boon if this mode of cauterizing proves efficacious, so that it may be substituted in the treatment of bronchocele for the *cautérisation par flèches* which is employed in Paris, and has in several cases been followed by fatal hæmorrhage.

In our number for May 22 we noticed the practice of Dr. Krafft-Ebing, which he states as being highly successful, in producing the rapid and painless enucleation of steatomatous tumors of the scalp, and which consists in the injection into their substance of a few drops of a solution of tartar emetic.—*Medical Times and Gazette.*

Poisonous Socks Again.—This very obscure matter is at length, we believe, to be investigated under the direction of the Medical Department of the Privy Council. The facts known about it are few and striking, but by no means clear. There is no doubt but that some persons who have worn silk socks, dyed with sundry brilliant colors, have suffered from most severe irritation of the skin, peculiar redness, vesication, intense pain and general illness. The affected patches of skin have corresponded exactly with the colored portions of the socks; and of all the colors red and scarlet have proved the most severe in their effects. The socks have been washed, and the color has been washed out, but still, we are assured, the irritating qualities have remained. Eminent chemists have thrown little light on the matter, but they agree that coal-tar furnishes the sub-stratum of the color, and it is certain that arsenic is an occasional, if not a constant, ingredient. This last is the opinion of the indefatigable Mr. Webber, who has forced this subject on the attention of the public. Why it is that so few persons have suffered from such articles of common wear, or should not have made their sufferings public, is a mystery; but whether or no poisonous colors are used, as we are told, to color sweetmeats, wines, and soaps, the matter seems one which a competent commission would soon solve.—*Ibid.*

Billroth *v.* Kraus.—We have received from Dr. Pann, counsellor, of Vienna, the following paragraph:—

"The Imperial Court of Chancery at Vienna as jury, by the sentence of the same court, July 22, 1869, No. 12182, has convicted Dr. Bernhard Kraus, as responsible editor of the *Allgemeine Wiener medicinische Zeitung*, of the offence of neglect of proper carefulness, in the publication of a false notice, that Dr. Counsellor Billroth conducted a case of ovariotomy in his clinics,

and that it happened in this operation, after the section, that the removal of a sponge was found to have been omitted; and therefore condemned him to a fine of a hundred florins, or in default to twenty days' imprisonment, and to payment of costs."—*Ibid.*

A Worm Discharged through an Abscess. By Francis McEvoy, L.K.Q.C.P., L.M., M.R.C.S. Eng., &c., Balbriggan.—A boy aged 14 years, delicate from birth, pale, thin, and small for his age, had passed at various times a vast quantity of worms, both by stool and mouth; had a very severe cough, and spat blood twice or thrice. His poor mother, who has since died of cancer in the stomach, at my solicitation sought further advice, and consulted several doctors both in town and country, and also brought him to hospitals without the least alleviation of his symptoms. His complaint was phthisis.

One day she called and brought me a red ticket, and requested that I would see him, as he had a lump like a blind boil just over his stomach. I did so, and found it as she stated. As I could not say what it was, I told her to wait, watch, and poultice, as I thought it would probably gather and break, and that I would call occasionally to see him. She did so, and in about three weeks I was again requested to see him in haste, although I had seen him the previous day, when he appeared to be going on very satisfactorily.

His mother informed me that upon removing the poultice in the morning to put on a fresh one, she perceived a white point sticking out of the middle of the abscess. At first she considered it to be matter, but on closer inspection she could see it move. She put on the same poultice again, and sent for me. Upon removing the poultice I perceived about two inches of one of the lumbrici protruding from the abscess. I seized it, and gently drew forth a large worm, nine inches long. It appeared to have been coiled up underneath the skin, and must have escaped through some ulceration of the intestines or stomach.

There was much matter in the abscess, if abscess it could be called; it healed up in a few days, and the boy recovered from it, but in about three months succumbed to the original disease. There was no *post mortem* permitted.—*Dublin Medical Press and Circular.*

The illustrious anatomist, Carus, died at Dresden, the 28th of July, at the age of 80.

Painless Surgery.—Dr. Richardson had proposed to render surgery painless by using a rapidly revolving knife.

"Dr. R.'s letter in the *Times*, correcting the account of what occurred at the reading of his paper on painless surgery, ruthlessly expunges the prettiest little bit of scientific sensation writing which the meeting of the British Medical Association inspired. The picture of the rabbit quietly munching carrots whilst its ears were being cut to pieces by the wonderful revolving knife was worthy of Cid Hamet Ben Engeli, or any other venerable historian of marvels. We acknowledge that the idea of a knife revolving so quickly by clockwork as not to give pain in cutting is a capital one, and may, perhaps, turn out valuable in practice. Dr. Richardson, however, chivalrously disclaims any idea of experimenting with his new instrument on any one or anything but himself. Admiring his spirit of self-sacrifice, it may be urged that there are valid reasons why such an experiment should be tried on a lower animal rather than on the human. It might be suggested that, after the startling phenomenon of exalted special sensation which the *Times* correspondent, for instance, has furnished, a reasonable argument might be advanced for testing such a matter by a more trustworthy, if less delicate, instrument than the human sensorium. A rabbit would most surely exhibit signs of pain if it felt it. In an experiment on one's self, with the strongest intention to be accurate, it is quite conceivable that the objective phenomenon—the cutting by watch-work—might neutralize the subjective phenomenon—the pain. On the whole, we think we would rather trust the evidence of the rabbit."—*Medical Times and Gazette.*

Scientific Evidence in Capital Trials.—Whilst a conviction for murder rests upon the evidence of one expert, or of one expert mainly, it will always be unsupported. Chemistry itself undoubtedly cannot err, but the best chemical manipulators may. No experiments where a human life is at stake ought to pass unchallenged, and we maintain that no jury ought to be required to decide on the evidence of a single expert. In every trial for murder, the suspected articles ought to be sent to at least three toxicologists of undoubted rank, each of whom should be paid at the public expense, to make a separate examination. By such a plan alone will even the best chemical evidence be cleared from all suspicion of fallacy.—*Ibid.*

Medical Miscellany.

NÆVUS CURED BY INJECTION OF CARBOLIC ACID.—Mr. Porter exhibited to his class a child named Margaret B., aged ten months, who had been received into hospital, about six weeks previously, for the treatment of a large nævus, situated on the lower part of the forehead, immediately above the nose. It was venous in character, and when first seen was circular in form and as large as half-a-crown, projecting forwards considerably. He resolved to attempt its solidification and cure by the injection of carbolic acid, and accordingly two minims of pure acid were introduced into the nævus by means of a hypodermic syringe. Such inflammation as followed having been allowed to subside, the operation was repeated, seven times in all, an interval of several days being permitted between each injection. No untoward consequences took place; the skin was not injured; and now, after the seventh operation, the mass had become solidified, and would in due time be absorbed.—*Dublin Medical Press and Circular.*

BLOODY TUMOR OF SCALP TREATED BY FREE INCISION. Under the care of Mr. SMYLY.—James Y., a healthy man, æt. 56 years, was admitted into the Meath Hospital on the 6th of July, suffering from an extensive effusion of blood beneath the scalp, which had been caused by direct violence. The tumor, which was about two inches in diameter and of considerable depth, was situated over the left parietal bone. The great amount of blood effused, and the general condition of the parts, causing Mr. Smyly to dread that suppuration would ensue, he resolved to give exit to the effused blood. He accordingly made a free incision down to the bone, and squeezed out all the clots which were present. Some smart arterial hæmorrhage followed. The edges of the incision were then brought into apposition, a narrow strip of lint soaked in carbolic acid was applied to their junction, and over all a compress and bandage was placed. Three days afterwards bad symptoms set in, and the man appeared in a sinking condition. The compress was removed, poultices were applied, the man rapidly improved in condition, and in a week was sufficiently recovered to leave the hospital.

This case is worthy of notice, inasmuch as the usual practice in Dublin hospitals in such instances differs from that pursued by Mr. Smyly, who cut into the tumor, instead of, as is generally recommended, carefully avoiding any incision whatever.—*Ibid.*

AMBLYOPIA CURED BY HYPODERMIC INJECTION OF STRYCHNIA.—Dr. Jos. Talko, of Tiflis, reports (*Klin. Monatsblätter f. Augenheilkunde*, Mai) a very interesting case of amblyopia cured entirely and solely by this method. The doses used were one twelfth raised gradually to one fourth of a grain of nitrate of strychnia; the injection was made in the neighborhood of the affected eye; it seemed to answer best when done in the supra-orbital region. The cure may be said to have occupied about seven weeks, and was then complete. It is remarkable that such large doses, repeated as often as once a week, produced neither local inconvenience nor constitutional poisoning, with the exception of the trivial symptoms.—*The Practitioner*, August, 1869.

A NEW STYPTIC COLLODION.—M. Carlo Paresi gives, in the *Gazette de Turin*, the following recipe:—Collodion 100 parts, carbolic acid 10 parts, tannin 5 parts, benzoic acid 3 parts. Agitate until a perfect solution is formed. It is of a brownish color, gives a pellicle similar to ordinary collodion, and instantly coagulates blood.—*Indian Medical Gazette*, July 1, 1869.

GUN-COTTON explodes when metallic sodium or metallic potassium is brought in contact with it. The amalgams of these metals do not produce the same effect. Finely divided arsenic requires percussion before it explodes cotton.—*Druggist's Circular.*

MEDICAL DIARY OF THE WEEK.

MONDAY, 9, A.M., Massachusetts General Hospital, Med. Clinic. 9, A.M., City Hospital, Ophthalmic Clinic.
TUESDAY, 9, A.M., City Hospital, Medical Clinic, 10, A.M., Surgical Lecture. 9 to 11, A.M., Boston Dispensary. 9–11, A.M., Massachusetts Eye and Ear Infirmary.
WEDNESDAY, 10, A.M., Massachusetts General Hospital, Surgical Visit. 11 A.M., OPERATIONS.
THURSDAY, 9 A.M., Massachusetts General Hospital, Medical Clinic. 10, A.M., Surgical Lecture.
FRIDAY, 9, A.M., City Hospital, Ophthalmic Clinic; 10, A.M., Surgical Visit; 11, A.M., OPERATIONS. 9 to 11, A.M., Boston Dispensary.
SATURDAY, 10, A.M., Massachusetts General Hospital Surgical Visit; 11, A.M., OPERATIONS.

TO CORRESPONDENTS.—Communications accepted:—Review of Archives of Ophthalmology and Otology—Internal Use of Carbolic Acid.

BOOKS AND PAMPHLETS RECEIVED.—A Guide-Book of Florida and the South, for Tourists, Invalids and Emigrants, with a Map of the St. John River. By Daniel G. Brinton, A.M., M.D. Published by Geo. MacLean, Philadelphia. Pp. 136.—Report and Remarks on a Third Series of one hundred Cases of Cataract Extraction by the Peripheric-Linear Method. By H. Knapp, M.D., Surgeon to the New York Ophthalmic and Aural Institute, &c. Pp. 30.

DIED,—At South Dedham, Dr. Charles W. Heaton, only son of Dr. George Heaton, of this city.—At Salem, Jonathan F. Worcester, M.D., 63.

DEATHS IN BOSTON for the week ending September 11, 101. Males, 57—Females, 44.—Accident, 4—apoplexy, 1—disease of the bladder, 1—congestion of the brain, 1—disease of the brain, 4—bronchitis, 1—cancer, 3—cholera infantum, 17—consumption, 12—croup, 2—cyanosis, 1—diarrhœa, 4—dropsy of the brain, 3—dysentery, 3—dyspepsia, 1—scarlet fever, 2—typhoid fever, 2—gastritis, 2—hæmorrhage, 1—disease of the heart, 3—infantile disease, 3—intemperance, 1—jaundice, 1—disease of the liver, 2—inflammation of the lungs, 7—marasmus, 2—old age, 3—paralysis, 2—premature birth, 2—puerperal disease, 2—purpura, 1—tumor, 1—unknown, 6.

Under 5 years of age, 49—between 5 and 20 years, 7—between 20 and 40 years, 16—between 40 and 60 years, 11—above 60 years, 18. Born in the United States, 78—Ireland, 12—other places, 11.